

Return to:

California Department of Education  
Fiscal and Administrative Services Division  
1430 N Street, Suite 2213  
Sacramento, CA 95814

## Claim for Reimbursement Child and Adult Care Food Program Actual Count Claiming Method

**Note:** Please submit an original and one copy of the claim by the claim submission date of the 10th day of the month following the month claimed. In addition, all claims (original, adjusted, or corrected) must be postmarked by the 20th day of the second month following the month claimed in order to be considered for payment.

All claims must be submitted along with a copy.

Retain a copy for the sponsor's files.

<b>1. Affix the mailing label in the space provided below. (If a label is not available, fill in the sponsor's agreement number, name, and address.)</b>  Agreement Number: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> — <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span>  <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>				<b>2. Month covered by this report:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Month</td> <td style="width: 50%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> </tr> </table>		Month	Year	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Month	Year								
<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>								
<b>3.</b> <input type="checkbox"/> A. This is an original claim. <input type="checkbox"/> B. This is an adjusted claim. <input type="checkbox"/> C. No reimbursement will be claimed this month.									
<b>Items 4 and 5 for State use only.</b>									
<b>4. Adjustment Number</b>		<b>5. Reason Code</b>							
<b>6. The number of approved sites that operated during this month:</b> .....									
<b>7. Program Enrollment</b>  <small>(See instructions in the administrative manual before completing this item.)</small>	Number of participants eligible for free meals	Number of participants eligible for reduced-price meals	Number of participants eligible for base-rate meals	<b>Total</b>					
<b>8. The number of days that program meals were served this month:</b> .....									
<b>9. Average daily participation (round up the next whole number):</b> .....									
<b>10. Meals Served</b>	<b>Free</b>	<b>Reduced-price</b>	<b>Base-rate</b>	<b>Total</b>					
Breakfast									
Lunch									
Supper									
Supplements									
I certify that to the best of my knowledge this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); and that I have not received payment for this claim.									
Name of claim preparer (please print):	Telephone number of claim preparer: Extension (      )		Date:						
Signature of authorized official:	Name of authorized official (please print):		Title of authorized official:						